

TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: HEALTH CARE FINANCING ADMINISTRATION

TRANSMITTAL NUMBER

93-16

STATE

Missouri

PROGRAM IDENTIFICATION

Title XIX

PROPOSED EFFECTIVE DATE

June 1, 1993

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

TYPE OF PLAN MATERIAL (Check One)

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE NEXT 4 BLOCKS IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

FEDERAL REGULATION CITATION

NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-A  
Page ~~9a~~ and 10

NUMBER OF THE SUPERSEDED PLAN SECTION OR  
ATTACHMENT

Attachment 4.19-A  
Page ~~9a~~ and 10

SUBJECT OF AMENDMENT

Inpatient Hospital Services Reimbursement Plan changes.  
Implementation to be effective during the April - June 1993 quarter. These  
changes provide for rate adjustments for sole community providers and ~~limits~~ removes  
rate adjustments for Children's Psychiatric Hospitals.

GOVERNOR'S REVIEW (Check One)

- ☒ GOVERNOR'S OFFICE REPORTED NO COMMENT <sup>2P</sup>  
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

SIGNATURE OF STATE AGENCY OFFICIAL

TYPED NAME:

Gary J. Stangler

TITLE:

Director, Department of Social Services

DATE:

June 29, 1993

RETURN TO:

Division of Medical Services  
615 Howerton Bldg.  
P.O. Box 6500  
Jefferson City, MO 65102-6500

FOR REGIONAL OFFICE USE ONLY

DATE RECEIVED

06/30/93

DATE APPROVED

JUN 06 2001

PLAN APPROVED - ONE COPY ATTACHED

EFFECTIVE DATE OF APPROVED MATERIAL

6/1/93

SIGNATURE OF REGIONAL OFFICIAL

TYPED NAME:

Thomas W. Lenz

TITLE:

ARA for Medicaid & State Operations

REMARKS:

SPA CONTROL

Date Submitted 6/29/93

Date Received 6/30/93

cc: Martin/Vadner/Waite/CO

1992. This increase will be effective no earlier than June 1, 1993 or when the additional beds and services are made available, as documented by the Department of Mental Health, and will remain in effect as long as services satisfactory to the Department of Mental Health are made available to eligible persons who would have otherwise been served by the discontinued state operated services. A sole community provider is a participating provider located in a community where there is no other participating hospital provider within a radius of twenty-five (25) miles and which is located within five (5) miles of a state operated facility which discontinued inpatient acute care services after October 1, 1992. Adjustments provided under this part shall be considered reasonable costs for purposes of the determination described in paragraph (5)(D) 2.

F. Rate Reconsideration

1. Rate reconsideration may be requested under this subsection for changes in allowable cost which occur subsequent to the base period described in paragraph I.A.3. The effective date for any increase granted under this subsection shall be no earlier than the first day of the month following the Division of Medical Services' final determination on rate reconsideration.
2. The following may be subject to review under procedures established by the Medicaid Agency:
  1. Substantial changes in or costs due to case mix; or
  2. New, expanded or terminated services as detailed in subsection V.C.

**INSTITUTIONAL STATE PLAN AMENDMENT  
ASSURANCE AND FINDING CERTIFICATION STATEMENT**

STATE: Missouri

TN - 93-16

REIMBURSEMENT TYPE: Inpatient hospital   X  

PROPOSED EFFECTIVE DATE: June 1, 1993

A. State Assurances and Findings. The State assures that it has made the following findings:

1. 447.253 (b) (1) (i) - The State pays for inpatient hospital services through the use of rates that are reasonable and adequate to meet the costs that must be incurred by efficiently and economically operated providers to provide services in conformity with applicable State and Federal laws, regulations, and quality and safety standards. \_\_\_\_\_
2. With respect to inpatient hospital services - -
  - a. 447.253 (b) (1) (ii) (A) - The methods and standards used to determine payment rates take into account the situation of hospitals which serve a disproportionate number of low income patients with special needs. \_\_\_\_\_
  - b. 447.253 (b) (1) (ii) (B) - If a state elects in its State plan to cover inappropriate level of care services (that is, services furnished to hospital inpatients who require a lower covered level of care such as skilled nursing services or intermediate care services) under conditions similar to those described in section 1861 (v) (1) (G) of the Act, the methods and standards used to determine payment rates must specify that the payments for this type of care must be made at rates lower than those for inpatient hospital level of care services, reflecting the level of care actually received, in a manner consistent with section 1861 (v) (1) (G) of the Act. \_\_\_\_\_

If the answer is "not applicable," please indicate:

\_\_\_\_\_

- 
- c. 447.253 (b) (1) (ii) (C) - The payment rates are adequate to assure that recipients have reasonable access, taking into account geographic location and reasonable travel time, to inpatient hospital services of adequate quality. \_\_\_\_\_
4. 447.253 (b) (2) - The proposed payment rate will not exceed the upper payment limits as specified in 42 CFR 447.272:
- a. 447.272 (a) - Aggregate payments made to each group of health care facilities (hospitals, nursing facilities, and ICFs/MR) will not exceed the amount that can reasonably be estimated would have been paid for those services under Medicare payment principles. \_\_\_\_\_
- b. 447.272 (b) - Aggregate payments to each group of State-operated facilities (that is, hospitals, nursing facilities, and ICFs/MR) - - when considered separately - - will not exceed the amount that can reasonably be estimated would have been paid for under Medicare payment principles. \_\_\_\_\_
- If there are no State-operated facilities, please indicate "not applicable." \_\_\_\_\_
- c. 447.272 (c) - Aggregate disproportionate share hospital (DSH) payments do not exceed the DSH payment limits at 42CFR 447.296 through 447.299.
- d. Section 1923 (g) \_ DSH payments to individual providers will not exceed the hospital-specific DSH limits in section 1923(g) of the Act. \_\_\_\_\_

B. State Assurances. The State makes the following additional assurances:

1. For hospitals - -
- a. 447.253 (c) - In determining payment when there has been a sale or transfer of the assets of a hospital, the State's methods and standards provide that payment rates can reasonably be expected not to increase in the aggregate solely as a result of changes of ownership, more than payments would increase under Medicare under 42 CFR 413.130, 413.134, 413.153 and 413.157 insofar as these sections affect payment for depreciation, interest on capital -indebtedness, return on equity )if applicable), acquisition costs for which payments were previously made to prior owners, and the recapture of depreciation.

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3. 447.253 (e) - The State provides for an appeals or exception procedure that allows individual providers an opportunity to submit additional evidence and receive prompt administrative review, with respect to such issues as the State determines appropriate, of payment rates. \_\_\_\_\_
  4. 447.253 (f) - The State requires the filing of uniform cost reports by each participating provider. \_\_\_\_\_
  5. 447.253 (g) - The State provides for periodic audits of the financial and statistical records of participating providers. \_\_\_\_\_
  6. 447.253 (h) - The State has complied with the public notice requirements of 42 CFR 447.205. \_\_\_\_\_

Notice published on:

April 1, 1993

If no date is shown, please explain:

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- 
- 
7. 447.253 (i) - The State pays for inpatient hospital services using rates determined in accordance with the methods and standards specified in the approved State plan. \_\_\_\_\_

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C. Related Information

1. 447.255 (a) - NOTE: If this plan amendment affects more than one type of provider (e.g., hospital, NF, and ICF/MR; or DSH payments) provide the following rate information for each provider type, or the DSH payments. You may attach supplemental pages as necessary.

Provider Type: Hospital

**For hospitals:** The Missouri Hospital Plan includes DSH payments in the estimated average rates. However, the DSH payments included in the estimated average rates do not represent the total DSH payments made to hospitals under the Missouri Medicaid Plan.

RH-DSH included

Estimated average proposed payment rate as a result of this amendment:  
\$ 580.59

Average payment rate in effect for the immediately preceding rate period:  
\$578.59

Amount of change: \$2.00 Percent of change: 0.35%

Estimated DSH payments not in average payment rate as a result of this amendment: \$           

Estimated DSH payments not in average payment rate immediately preceding amendment: \$           

Amount of change: \$0.00 Percent of change: 0.00%

2. 447.255 (b) - Provide an estimate of the short-term and, to the extent feasible, long-term effect the change in the estimated average rate will have on:
- (a) The availability of services on a statewide and geographic area basis:  
This amendment will not effect the availability of short-term or long-term services.
  - (b) The type of care furnished:            This amendment will not effect hospital services furnished to Medicaid eligibles.
  - (c) The extent of provider participation:            This amendment will assure recipients have reasonable access taking into account geographic location and reasonable travel time to inpatient hospital services.
  - (d) For hospitals - - the degree to which costs are covered in hospitals that serve a disproportionate number of low income patients with special needs:  
It is estimated that disproportionate share hospitals will receive 100% of its Medicaid cost for low income patients with special needs.